

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue, NE  
1st Floor  
 Check if different than previously reported. (ACC)  
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00343137  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J. Robb, III, MD

Signature of Treasurer Electronically Filed by William J. Robb, III, MD Date 01 23 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		932940.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	255726.17									
(c) Total Receipts (from Line 19) .....	75710.15	1200029.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	331436.32	2132970.03								
7. Total Disbursements (from Line 31) .....	3375.56	1804909.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	328060.76	328060.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	66593.34	1067699.06
(i) Itemized (use Schedule A) .....	7070.00	83665.68
(ii) Unitemized .....	73663.34	1151364.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	73663.34	1151364.74
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1208.79	18121.90
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	838.02	25542.85
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	75710.15	1200029.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	75710.15	1200029.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2875.56	32104.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2875.56	32104.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1094500.00
24. Independent Expenditure (use Schedule E) .....	0.00	667805.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	500.00	500.00
29. Other Disbursements.....	0.00	10000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3375.56	1804909.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3375.56	1804909.27

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	73663.34	1151364.74
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	73163.34	1150864.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2875.56	32104.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1208.79	18121.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1666.77	13982.37

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Edward A Toriello, MD	Date of Receipt
	Mailing Address 7815 Eliot Ave	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 25 / 2008
	City State Zip Code Middle Village NY 11379-1300	<b>Transaction ID:</b> 28925189
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael J Ford, MD	Date of Receipt
	Mailing Address 251 S Green Valley Pkwy #2913	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 25 / 2008
	City State Zip Code Henderson NV 89012-2312	<b>Transaction ID:</b> 28925201
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer VA Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. H Chester Boston, Jr, MD	Date of Receipt
	Mailing Address PO Box 2447	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 25 / 2008
	City State Zip Code Tuscaloosa AL 35403-2447	<b>Transaction ID:</b> 28925202
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer University Orthopaedic Clinic PC	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. George W Wharton, , MD		Date of Receipt	
	Mailing Address 1341 W Mockingbird Ln #710E		M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 28925203
	Dallas	TX	75247-4939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jonathan William Surdam, , MD		Date of Receipt	
	Mailing Address 583 Clarizz Blvd		M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 28925204
	Bloomington	IN	47401-5515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Orthopedics of Southern Indiana		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Don A Lowry, , MD		Date of Receipt	
	Mailing Address 2 Celeste Dr		M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 28925207
	Johnstown	PA	15905-2832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Western PA Orthopedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alexis P Shelokov, , MD

Mailing Address 4708 Alliance Blvd Ste 810

City State Zip Code  
Plano TX 75093-5338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Consulting Orthopaedists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 28925225

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Larry Michael Carroll, , MD

Mailing Address 500 Campus Dr

City State Zip Code  
Hancock MI 49930-1569

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Portage Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 535.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 28925226

Amount of Each Receipt this Period

535.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth J Kress, , MD

Mailing Address 5671 Peachtree Dunwoody Rd NE  
Ste 700

City State Zip Code  
Atlanta GA 30342-5047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Resurgens PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 28925227

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2535.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew J Landfried, , MD	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Mailing Address 33 Chandler Ave	<b>Transaction ID:</b> 28925229
	City State Zip Code Batavia NY 14020-1684	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey A Bash, , MD	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Mailing Address 410 Saybrook Rd Ste 100	<b>Transaction ID:</b> 28925230
	City State Zip Code Middletown CT 06457-4780	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Middlesex Orthopaedic Surgeons Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen S Hurst, , MD	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8
	Mailing Address 77 N San Mateo Dr	<b>Transaction ID:</b> 28925231
	City State Zip Code San Mateo CA 94401-2889	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer San Mateo Orthopaedic Group Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kim Marie Clabbers, MD

Mailing Address 120 W Maple Ave

City State Zip Code  
Langhorne PA 19047-2820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lower Bucks Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 28925232

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Sheng Huang, MD

Mailing Address Texoma Med Ctr  
1518 10th St

City State Zip Code  
Wichita Falls TX 76301-4405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 28925233

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher P Meyer, MD

Mailing Address 6465 Wayzata Blvd Ste 900

City State Zip Code  
Saint Louis Park MN 55426-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 8

Transaction ID: 28925234

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Brian Jeffrey Bear, , MD		Date of Receipt	
	Mailing Address 324 Roxbury Rd		M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 28925235
	Rockford	IL	61107-5090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Rockford Orthopedic Associates		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert H Haralson, III, MD, M		Date of Receipt	
	Mailing Address 6300 N River Rd Ste 727		M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 28925549
	Rosemont	IL	60018-4238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer American Academy of Orthopaedic Surgeon		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Raleigh Mixon Robinson, , MD		Date of Receipt	
	Mailing Address 1765 Old West Broad St Bldg # 2 Ste 200		M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 28925550
	Athens	GA	30606-2853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Athens Orthopaedic Clinic		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Bryan Bomberg, MD	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 940 Central Park Dr Ste 190	<b>Transaction ID:</b> 28925552
	City State Zip Code Steamboat Springs CO 80487-8816	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Steamboat Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Robert John Bischoff, MD	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 207 Blooming Grove Rd	<b>Transaction ID:</b> 28925555
	City State Zip Code Hanover PA 17331-7917	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hanover Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. James H Ellison, MD	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 207 Blooming Grove Rd	<b>Transaction ID:</b> 28925556
	City State Zip Code Hanover PA 17331-7917	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hanover Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 52  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Fred G Corley, , MD

Mailing Address 7703 Floyd Curl Dr, MC-7774

City State Zip Code  
San Antonio TX 78229-3901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of Texas Health Science Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2008

**Transaction ID:** 28925558

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. William B Smith, , MD

Mailing Address Blount Orthopaedic Clinic  
625 E St Paul Ave

City State Zip Code  
Milwaukee WI 53202-5907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blount Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2008

**Transaction ID:** 28925560

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David Matthew Beard, , MD

Mailing Address 3270 20 St South

City State Zip Code  
Fargo ND 58104-5917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2008

**Transaction ID:** 28925562

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Richard D Goldner, , MD	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address Box 3480 Orthopaedic Division	<b>Transaction ID:</b> 28925564
	City Durham State NC Zip Code 27710-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew John Weresh, , MD	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address Des Moines Orthopaedic Surgeons 6001 Westown Pkwy	<b>Transaction ID:</b> 28925703
	City West Des Moines State IA Zip Code 50266-7702	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Des Moines Orthopedic Surgeons Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. David L Wiest, , MD	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 2301 25th St S	<b>Transaction ID:</b> 28925708
	City Fargo State ND Zip Code 58103-6104	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Orthopaedic Associates of Fargo Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Anthony R Marino, MD	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 12 Misty Ln	<b>Transaction ID:</b> 28925709
	City State Zip Code Londonderry NH 03053-2675	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Orthopaedic Center Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Gordon Henry Hsieh, DO	Date of Receipt MM / DD / YYYY 11 / 25 / 2008
	Mailing Address 875 Swift Blvd Ste A	<b>Transaction ID:</b> 28925711
	City State Zip Code Richland WA 99352-3592	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Northwest Orthopaedics Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John T Rich, MD	Date of Receipt MM / DD / YYYY 12 / 03 / 2008
	Mailing Address 334 Main St	<b>Transaction ID:</b> 29033448
	City State Zip Code Dickson City PA 18519-1668	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Scranton Orthopaedic Specialists Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen Gryzlo, MD		Date of Receipt MM / DD / YYYY 12 / 03 / 2008		
	Mailing Address 676 N Saint Clair 13th FL		<b>Transaction ID:</b> 29033452		
	City Chicago	State IL	Zip Code 60611-3060	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NMFF	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jou Rong Lee, MD		Date of Receipt MM / DD / YYYY 12 / 03 / 2008		
	Mailing Address 945 N Gem St		<b>Transaction ID:</b> 29033454		
	City Tulare	State CA	Zip Code 93274-2127	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kevin F Walsh, MD		Date of Receipt MM / DD / YYYY 12 / 03 / 2008		
	Mailing Address 1637 Imperial Circle		<b>Transaction ID:</b> 29033458		
	City Naperville	State IL	Zip Code 60563-0132	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. David A Hanscom, MD

Mailing Address Swedish Neuroscience Specialists  
550 17th Ave #500

City State Zip Code  
Seattle WA 98122-5789

FEC ID number of contributing federal political committee. **C**

Name of Employer Swedish Neuroscience Specialists      Occupation Orthopaedic Surgeon

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

**Transaction ID:** 29033461

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David J Flesher, MD

Mailing Address 3301 NW 50th St

City State Zip Code  
Oklahoma City OK 73112-5627

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopedic Associates, Inc.      Occupation Orthopaedic Surgeon

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

**Transaction ID:** 29033466

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Walther Hartmuth Bohne, MD

Mailing Address Hosp for Special Surgery  
535 E 70th St

City State Zip Code  
New York NY 10021-4823

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed      Occupation Orthopaedic Surgeon

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

**Transaction ID:** 29033467

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stephen L Brenneke, MD  
Mailing Address 3510 NE 122nd Ste 103

City State Zip Code  
Portland OR 97230-1500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 03 / 2008  
Transaction ID: 29033470  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Andrew Rocca, MD  
Mailing Address 4225 SW 96th Dr

City State Zip Code  
Gainesville FL 32608-7152

FEC ID number of contributing federal political committee. **C**

Name of Employer The Orthopaedic Institute Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 03 / 2008  
Transaction ID: 29033472  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Russell F Warren, MD  
Mailing Address Hosp for Special Surgery  
535 E 70th St

City State Zip Code  
New York NY 10021-4823

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 03 / 2008  
Transaction ID: 29033473  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey T Adams, , MD	Date of Receipt MM / DD / YYYY 12 / 03 / 2008
	Mailing Address Mid Tennessee Bone & Joint Clinic 1050 N James Campbell Blvd	<b>Transaction ID:</b> 29033491
	City Columbia State TN Zip Code 38401-2754	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Middle Tenn Ortho Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Gary Mark McClain, , MD	Date of Receipt MM / DD / YYYY 12 / 03 / 2008
	Mailing Address 2055 N Military Tr Ste 303	<b>Transaction ID:</b> 29033492
	City Jupiter State FL Zip Code 33458-7830	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Richard D Lackman, , MD	Date of Receipt MM / DD / YYYY 12 / 03 / 2008
	Mailing Address Dept of Orthopaedic Surgery 2 Silverstein, 3400 Spruce St	<b>Transaction ID:</b> 29033493
	City Philadelphia State PA Zip Code 19104-4283	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Univ of Penn Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael P Muldoon, , MD  
Mailing Address 7910 Frost St Ste 200  
City San Diego State CA Zip Code 92123-2776  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 12 / 03 / 2008  
Transaction ID: 29033494  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Victor Tseng, , MD  
Mailing Address 9225 N 3rd St Ste 203  
City Phoenix State AZ Zip Code 85020-2464  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 12 / 03 / 2008  
Transaction ID: 29033496  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Michael Meneghini, , MD  
Mailing Address 263 Farmington Ave, MARB 4th Fl  
City Farmington State CT Zip Code 06034-4037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UCONN Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 12 / 03 / 2008  
Transaction ID: 29033519  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce Wolock, MD

Mailing Address 8564 Leisure Hill Dr

City

Baltimore

State

MD

Zip Code

21208-1740

FEC ID number of contributing federal political committee.

C

Name of Employer  
Orthopaedic Associates

Occupation  
Orthopaedic Surgeon

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	8

Transaction ID: 29033521

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen A Cord, MD

Mailing Address 4110 22nd Pl

City

Lubbock

State

TX

Zip Code

79410-1122

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	8

Transaction ID: 29033523

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy A Garvey, MD

Mailing Address Twin Cities Spine Center  
913 E 26th St Ste 600

City

Minneapolis

State

MN

Zip Code

55404-4515

FEC ID number of contributing federal political committee.

C

Name of Employer  
Twin Cities Spine Center

Occupation  
Orthopaedic Surgeon

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	8

Transaction ID: 29033525

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Horace R Petersen, DO

Mailing Address 4040 Laquesta

City State Zip Code  
Neosho MO 64850-2849

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

Transaction ID: 29033526

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kent R Biddinger, MD

Mailing Address The Ortho Center  
420 W Wackerly St

City State Zip Code  
Midland MI 48642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Ortho Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

Transaction ID: 29033527

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ronald K Robinson, MD

Mailing Address 1901 N California St

City State Zip Code  
Stockton CA 95204-6005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stockton Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

Transaction ID: 29033528

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William R Lee, , MD		Date of Receipt
	Mailing Address 1304 Ridge Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chelsea	MI	48118-9792
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 29033529
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas M Matelic, , MD		Date of Receipt
	Mailing Address 1111 Leffingwell NE Ste 100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Grand Rapids	MI	49525-6406
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 29033530
Name of Employer Orthopaedic Associates of Michigan		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Michael J Schutte, , MD		Date of Receipt
	Mailing Address 2831 Ft Missoula Rd Ste 232		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Missoula	MT	59804-7479
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 29033532
Name of Employer Northern Rockies Orthopaedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven R Myers, , MD

Mailing Address 3010 N Circle Dr Ste 100

City State Zip Code  
Colorado Spgs CO 80909-1174

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2008

**Transaction ID:** 29033536

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Walter F Krengel, III, MD

Mailing Address Orthopedic Dept  
Seattle Children's Hosp PO Box 53

City State Zip Code  
Seattle WA 98105

FEC ID number of contributing federal political committee. **C**

Name of Employer Seattle Children's Hospital Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 16 / 2008

**Transaction ID:** 29067714

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James R Dyreby, , MD

Mailing Address Northland Orthopaedic Assoc, S C  
444 E Timber Dr

City State Zip Code  
Rhineland WI 54501-2852

FEC ID number of contributing federal political committee. **C**

Name of Employer Northland Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 12 / 2008

**Transaction ID:** 29067796

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kevin W Lanighan, , MD

Mailing Address 5527 Pine Loch Ln

City State Zip Code  
Buffalo NY 14221-2851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northtowns Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: 29067797

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Martin Boublik, , MD

Mailing Address 8200 E Belleview Ave Ste 615E

City State Zip Code  
Greenwood Village CO 80111-2898

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: 29067799

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John S Woodward, Jr, MD

Mailing Address 4975 E Preserve Ct

City State Zip Code  
Greenwood Village CO 80121-2108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: 29067801

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Rena Stewart, MD

Mailing Address Faculty Office Tower 950  
510 20th St South

City Birmingham State AL Zip Code 35294-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Alabama Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2008  
Transaction ID: 29067802  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jean Benoit Houle, MD

Mailing Address 16504 N Hawthorne Dr

City Mount Vernon State IL Zip Code 62864-1927

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Center of Southern Illinois Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2008  
Transaction ID: 29067803  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John C Richmond, MD

Mailing Address 125 Parker Hill Ave

City Roxbury Crossing State MA Zip Code 02120-2847

FEC ID number of contributing federal political committee. **C**

Name of Employer New England Baptist Hospital Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2008  
Transaction ID: 29067806  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. William J Robb, III, MD

Mailing Address Walgreen Bldg, Dept of Ortho  
2650 Ridge Ave, Ste 2505

City State Zip Code  
Evanston IL 60201-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Illinois Bone & Joint Ins- titute Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

Transaction ID: 29067807

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Peter O Newton, , MD

Mailing Address 3030 Children's Way Ste 410

City State Zip Code  
San Diego CA 92123-4228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CSSD Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 8

Transaction ID: 29073537

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David J Kuester, , MD

Mailing Address 501 N 10th St  
PO Box 907

City State Zip Code  
Manitowoc WI 54220-4039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 8

Transaction ID: 29073538

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Goodman, , MD

Mailing Address 1336 W Hwy 54 Bldg 500

City Fayetteville State GA Zip Code 30214-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2008

**Transaction ID:** 29073540

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Constantine Charoglu, , MD

Mailing Address 3688 Veterans Memorial Dr Ste 200

City Hattiesburg State MS Zip Code 39401-8246

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Bone & Joint Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 16 / 2008

**Transaction ID:** 29073557

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey L Harris, , MD

Mailing Address 10909 Monte Vista Ct

City Fort Wayne State IN Zip Code 46814-9066

FEC ID number of contributing federal political committee. **C**

Name of Employer Ortho Northeast Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2008

**Transaction ID:** 29073559

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 52  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. John L Todd, , MD

Mailing Address Baldwin Bone & Joint  
1505 Daphne Ave

City Daphne State AL Zip Code 36526-4298

FEC ID number of contributing federal political committee. **C**

Name of Employer Baldwin Bone & Joint Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2008  
Transaction ID: 29073560  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. LeRoy Scott Atkins, Jr, MD

Mailing Address PO Box 2447

City Tuscaloosa State AL Zip Code 35403-2447

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2008  
Transaction ID: 29073562  
Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Paul Plattner, , MD

Mailing Address 2300 N Vermilion St

City Danville State IL Zip Code 61832-1735

FEC ID number of contributing federal political committee. **C**

Name of Employer Carle Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2008  
Transaction ID: 29073563  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 52  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. J Patrick Kessler, , MD

Mailing Address Center for Orthopaedics & Sports M  
56 Medical Park Dr Ste 302

City Franklin State NC Zip Code 28734-2634

FEC ID number of contributing federal political committee. **C**

Name of Employer Center for Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2008  
**Transaction ID: 29073565**  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John I Williams, , MD

Mailing Address 3104 Eggeman Rd

City Fort Wayne State IN Zip Code 46814-9722

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedics Northeast Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2008  
**Transaction ID: 29073566**  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Daniel I Singer, , MD

Mailing Address 1380 Lusitana St Ste 615

City Honolulu State HI Zip Code 96813-2442

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2008  
**Transaction ID: 29073568**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Alfredo L Axtmayer, MD	Date of Receipt
	Mailing Address 8 Research Pkwy	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 6 / 2 0 0 8
	City State Zip Code Wallingford CT 06492-1930	<b>Transaction ID:</b> 29073569
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Anthony M Sestero, MD	Date of Receipt
	Mailing Address 5215 Hogan Ct	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	City State Zip Code Spokane WA 99223-8105	<b>Transaction ID:</b> 29141067
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer Northwest Orthopaedic Group	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Drkulec, MD	Date of Receipt
	Mailing Address 2800 E Broad St #124	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	City State Zip Code Mansfield TX 76063-6410	<b>Transaction ID:</b> 29141069
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas A Hoffeld, MD

Mailing Address PO Box 707  
9685 Shortcut Rd

City Rye State CO Zip Code 81069-0707

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2008  
Transaction ID: 29141070  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William P Rix, MD

Mailing Address 55 Audubon Way

City Auburn State NH Zip Code 03032-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer NH Orthopaedic Surgery Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2008  
Transaction ID: 29141071  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeff Alan Traub, MD

Mailing Address 215 Bright Water Cove

City Alpharetta State GA Zip Code 30022-8021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 30 / 2008  
Transaction ID: 29141072  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mark C Remington, , MD	Date of Receipt
	Mailing Address 4011 Talbot Rd South Ste 300	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 0 8
	City State Zip Code Renton WA 98055-5791	<b>Transaction ID:</b> 29141073
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew Yuan-Ching Lin, , MD	Date of Receipt
	Mailing Address 1050 Oak Grove Ave	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 0 8
	City State Zip Code San Marino CA 91108-1026	<b>Transaction ID:</b> 29141076
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer Pacific Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Edward G Law, , MD	Date of Receipt
	Mailing Address 2751 Northgate Dr	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 0 8
	City State Zip Code Iowa City IA 52245-9509	<b>Transaction ID:</b> 29141077
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Clayton T Gibson, MD	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 311 S 15th St	<b>Transaction ID:</b> 29141078
	City State Zip Code Coshocton OH 43812-1873	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Chang, MD	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address Somerset Orthopaedic Associates 1081 Route 22 W	<b>Transaction ID:</b> 29141079
	City State Zip Code Bridgewater NJ 08807-2921	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Somerset Orthopaedic Associates Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Michael J Star, MD	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address Santa Rosa Ortho Medical Group 1405 Montgomery Dr	<b>Transaction ID:</b> 29141080
	City State Zip Code Santa Rosa CA 95405-4557	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Santa Rosa Orthopaedic Medical Group Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Animesh Agarwal, MD	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 7703 Floyd Curl Dr, MC-7774 Dept of Orthopaedics	<b>Transaction ID:</b> 29141082
	City San Antonio State TX Zip Code 78229-3901	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University of Texas Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Evan Margolis, MD	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 2552 Lexington St	<b>Transaction ID:</b> 29141083
	City Lafayette State CO Zip Code 80026-3414	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Colorado Permanente Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Bernard G Kirol, MD	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 710 Rabon Rd Ste 202	<b>Transaction ID:</b> 29141084
	City Columbia State SC Zip Code 29203-8903	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Carolina Orthopaedic Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Roy Bruce Hall, MD

Mailing Address PO Box 729

City Dothan State AL Zip Code 36302-0729

FEC ID number of contributing federal political committee. **C**

Name of Employer Southern Bone and Joint Specialists Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2008

Transaction ID: 29141085

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ray Payne, MD

Mailing Address Vann Virginia Center for Orthopaed  
230 Clearfield Ave Ste 124

City Virginia Beach State VA Zip Code 23462-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer Atlantic Orthopedic Specialists Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2008

Transaction ID: 29141094

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Giles R Scuderi, MD

Mailing Address Insall Scott Kelly Institute  
210 East 64th St 4th Fl

City New York State NY Zip Code 10065-7471

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2008

Transaction ID: 29141163

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Fredrick Huang, , MD

Mailing Address 4011 Talbot Rd S Ste 300

City State Zip Code  
Renton WA 98055-5791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Proliance Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Transaction ID: 29141164

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frank P Giammattei, , MD

Mailing Address Crozer-Chester Med Ctr Ste 324  
Professional Office Bldg 2

City State Zip Code  
Upland PA 19013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Premier Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 916.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 29141389

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas F Varecka, , MD

Mailing Address Dept of Ortho Surgery  
701 Park Ave S

City State Zip Code  
Minneapolis MN 55415-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 29141391

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1333.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Robert J MacArthur, , MD	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address PO Box 11768	<b>Transaction ID:</b> 29141393
	City State Zip Code Santa Ana CA 92711-1768	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Ken Mason Korthauer, , MD	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 601 Rockmead Dr	<b>Transaction ID:</b> 29141394
	City State Zip Code Kingwood TX 77339-2107	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Douglas P McInnis, , MD	Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address 850 Ironwood Dr Ste 202	<b>Transaction ID:</b> 29141395
	City State Zip Code Coeur D Alene ID 83814-4903	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Salil Rajmaira, MD

Mailing Address 801 Gardner Drive

City Marion State IN Zip Code 46952-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

**Transaction ID:** 29141396

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas D Meade, MD

Mailing Address OAA Orthopaedic Specialists  
250 Cetronia Rd Ste 303

City Allentown State PA Zip Code 18104-9168

FEC ID number of contributing federal political committee. **C**

Name of Employer OAA Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

**Transaction ID:** 29141402

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Laurel A Beverley, MD/MPH

Mailing Address 701 W Lakeside Ave #1104

City Cleveland State OH Zip Code 44113-5518

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

**Transaction ID:** 29141404

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ira Bennett Kornblatt, MD

Mailing Address 1660 Sylvester Pl

City State Zip Code  
Highland Park IL 60035-3335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Illinois Bone & Joint Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 8

Transaction ID: 29141405

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jorge E Tijmes, MD

Mailing Address PO Box 6209

City State Zip Code  
McAllen TX 78502-6209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southern Bone & Joint Cen-ter Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: 29141904

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Felipe Fontanez Sullivan

Mailing Address Bayamon Medical Plaza  
1845 Can #2 Ste 701

City State Zip Code  
Bayamon PR 00959-7206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: 29141910

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William A Tyndall, MD	Date of Receipt MM / DD / YYYY 12 / 29 / 2008
	Mailing Address 1505 9th Ave	<b>Transaction ID:</b> 29141911
	City State Zip Code Altoona PA 16602-2416	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University Orthopaedics Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Steven L Buckley, MD	Date of Receipt MM / DD / YYYY 12 / 29 / 2008
	Mailing Address 6007 Macon Ct	<b>Transaction ID:</b> 29141914
	City State Zip Code Huntsville AL 35802-1931	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer TOC	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Arthur Herbst, MD	Date of Receipt MM / DD / YYYY 12 / 29 / 2008
	Mailing Address 3600 W Bethel Ave 200 Hawkins Dr	<b>Transaction ID:</b> 29141915
	City State Zip Code Muncie IN 47304-5407	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Central Indiana Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew J Bueche, , MD	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 8
	Mailing Address 1259 Rickert Dr Ste 101	<b>Transaction ID:</b> 29141916
	City State Zip Code Naperville IL 60540-8904	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer M & M Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Victor Goldberg, , MD	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Mailing Address 11100 Euclid Ave	<b>Transaction ID:</b> 29144948
	City State Zip Code Cleveland OH 44106-1716	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Case Western Reserve University Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kurt F Konkell, , MD	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Mailing Address N 84 W 16889 Menomonee Ave	<b>Transaction ID:</b> 29144949
	City State Zip Code Menomonee Falls WI 53051	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Aurora Advanced Healthcare Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. David S Weisman, , MD

Mailing Address 585 Cranbury Rd

City State Zip Code  
East Brunswick NJ 08816-4092

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatric Orthopedic Associates  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: 29144950

Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Evan K Bash, , MD

Mailing Address Premier Ortho & Sports Med  
One Med Ctr Blvd POB II Ste 324

City State Zip Code  
Upland PA 19013

FEC ID number of contributing federal political committee. **C**

Name of Employer: Premier Ortho & Sports Med Assoc  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: 29144951

Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. William L Hennrikus, Jr, MD

Mailing Address 75 Laurel Ridge Rd

City State Zip Code  
Hershey PA 17033-2514

FEC ID number of contributing federal political committee. **C**

Name of Employer: Sequoia Pediatric Orthopaedics  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: 29144952

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William A Grana, , MD, MPH	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Mailing Address 1609 N. Campbell Ave, #110 Box 245064	<b>Transaction ID:</b> 29144953
	City Tucson State AZ Zip Code 85724-1001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University Physicians Healthcare Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Gary J Roberts, , MD	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Mailing Address 1005 S Hemlock St	<b>Transaction ID:</b> 29144954
	City Iron Mountain State MI Zip Code 49801-3854	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Langdon A Hartsock, , MD	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Mailing Address 96 Jonathan Lucas St Ste 708 CSB	<b>Transaction ID:</b> 29144955
	City Charleston State SC Zip Code 29425-8900	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Medical University of South Carolina Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 52	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
 Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Alan Labosky, MD		Date of Receipt																					
	Mailing Address 3010 N Circle Dr Ste 100		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	3		2	0	0	8														
	City State Zip Code Colorado Springs CO 80909-1174		<b>Transaction ID:</b> 29227252																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 0.00																					
Name of Employer Colorado Springs Orthopaedic Group		Occupation Orthopaedic Surgeon																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00																						

**[MEMO ITEM]**  
 Refund(s) on Schedule B  
 Totaling \$500.00 This changes the YTD Total to \$0.-00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	66593.34

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 29073735
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 8.22
		<input type="text"/> 24713.05	Interest earned on bank account

<b>B.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 29073736
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 726.42
		<input type="text"/> 25439.47	Interest earned on bank account

<b>C.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 29210667
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 8.39
		<input type="text"/> 25542.85	Interest earned on bank account

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>743.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 52

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" type="checkbox"/>	17						

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City

Chicago

State

IL

Zip Code

60675

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

25534.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	0	8

Transaction ID: 29210668

Amount of Each Receipt this Period

94.99

Interest earned on bank account

SUBTOTAL of Receipts This Page (optional) .....

94.99

TOTAL This Period (last page this line number only) .....

838.02

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 48 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons		Date of Receipt
Mailing Address 6300 N River Road		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.		Transaction ID: 29114998
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1208.79"/>
Occupation		Refund of bank fees from affiliated organization
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="18121.90"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1208.79"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1208.79"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Udall For Colorado Mailing Address PO Box 40158 City Denver State CO Zip Code 80204 Purpose of Disbursement DEBT RETIREMENT Candidate Name Rep. Mark Udall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2008	Transaction ID: 28988990 Date of Disbursement 12 / 02 / 2008
	Amount of Each Disbursement this Period 5000.00 DEBT RETIREMENT
<b>B.</b> Full Name (Last, First, Middle Initial) Ruben Hinojosa For Congress Mailing Address 502 North 11th Street City Mcallen State TX Zip Code 78501 Purpose of Disbursement Void - received after general election Candidate Name Rep. Ruben Hinojosa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G	Transaction ID: 29058279 Date of Disbursement 12 / 15 / 2008
	Amount of Each Disbursement this Period -5000.00 Void - received after gen- eral election

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Northern Trust Company	Transaction ID: 29032620 Date of Disbursement
	Mailing Address 50 S. LaSalle St.	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60675	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees deducted from account	<input type="text" value="726.58"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank fees deducted from account

B.	Full Name (Last, First, Middle Initial) Northern Trust Company	Transaction ID: 29073738 Date of Disbursement
	Mailing Address 50 S. LaSalle St.	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60675	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees deducted from account	<input type="text" value="482.21"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank fees deducted from account

C.	Full Name (Last, First, Middle Initial) Northern Trust Company	Transaction ID: 29210663 Date of Disbursement
	Mailing Address 50 S. LaSalle St.	<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60675	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fees deducted from account	<input type="text" value="314.07"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank fees deducted from account

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1522.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 52

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 29210664

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

484.70

Bank fees deducted from  
account

B.

Full Name (Last, First, Middle Initial)

United States Treasury

Mailing Address

City State Zip Code

Purpose of Disbursement  
Federal income tax on interest income 4th quarter 2008

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 29210666

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

868.00

Federal income tax on interest  
income 4th quarter  
2008

SUBTOTAL of Disbursements This Page (optional) .....

1352.70

TOTAL This Period (last page this line number only) .....

2875.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. David Alan Labosky, , MD

Mailing Address 3010 N Circle Dr Ste 100

City  
Colorado Springs

State  
CO

Zip Code  
80909-1174

Purpose of Disbursement  
Refund erroneous contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Transaction ID: 29210751

Date of Disbursement

/

Amount of Each Disbursement this Period

Refund erroneous contribu-  
tion

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....